

Understanding Your Benefits

Registering Online at myBCBSRI

- Go to myBCBSRI.com
- Click on "Register Here"
- Follow the registration instructions provided

Deductible

- **Preferred and In Network:** None
- **Out of Network:** \$2,000 per individual plan; \$4,000 per family plan

All deductible payments count toward the family deductible amount, but the individual will never pay more than their individual deductible amount.

Out-of-pocket Limits

- **Preferred and In Network:** \$2,500 per individual plan; \$5,000 per family plan
- **Out of Network:** \$3,000 per individual plan; \$6,000 per family plan

All out-of-pocket payment count toward the family out-of-pocket limit. The individual will never pay more than their individual out-of-pocket amount.

Please note:

The deductible and out-of-pocket limits are separate for the Preferred network, In network and Out-of-network services.

Service	Preferred Network*	In Network	Out of Network
Primary Care	\$20 Copay	\$20 Copay	20% after deductible
Specialist	\$20 Copay	\$20 Copay	20% after deductible
Urgent Care	\$30 Copay	\$30 Copay	20% after deductible
Emergency Room	\$100 Copay	\$100 Copay	\$100 Copay
Ambulance	\$50 Copay	\$50 Copay	\$50 Copay
Chiropractic	\$20 Copay	\$20 Copay	20% after deductible
Acupuncture	\$30 Copay	\$30 Copay	\$30 Copay
Routine Eye Care (1 per year)	\$20 Copay	\$20 Copay	20% after deductible
Preventive Care	Covered in full	Covered in full	20% after deductible
Diagnostic Lab work**	Covered in full	\$25 Copay	20% after deductible
Diagnostic imaging	Covered in full	\$50 Copay	20% after deductible
Diagnostic Colonoscopy***	Covered in full	\$200 Copay	20% after deductible
High-end Radiology	Covered in full	\$50 Copay	20% after deductible
Outpatient Surgery	Covered in full	\$300 Copay	20% after deductible
Inpatient Services	Covered in full	\$500 Copay	20% after deductible
Inpatient Maternity	Covered in full	Covered in full	20% after deductible
Behavioral Health/Chemical Dependency- Inpatient	Covered in full	Covered in full	20% after deductible
Office Visit	\$20 copay	\$20 copay	
Rehabilitation (100 days per year)	Covered in full	\$500 copay	20% after deductible
Durable Medical Equipment	Covered in full	\$40 Copay	20% after deductible
Physical, Occupational, and Speech Therapy****	Covered in full	\$20 Copay	20% after deductible

Mobile App- myBCBSRI

- You can see health benefits, access your ID card, search for doctors and other providers, and much more.
- Download the app from the Apple or Google app store (iOS® is a registered trademark of Cisco in the U.S. and is used by Apple under license. Android is a trademark of Google Inc).

Need Help?

Call your Lifespan Employee CARE Center

- Locally: (401) 429-2102
- Outside Rhode Island: 1-866-987-3706
- TTY/TDD (Telecommunication Device for the Deaf) Users should call 711

Hours:

Monday – Friday
8:00 am to 8:00 pm;
Saturday
8:00 am to 12 pm, Eastern Time

Your Blue Stores:

East Providence- 71 Highland Ave
Lincoln- 622 George Washington Hwy
Warwick- 300 Quaker Ln
Cranston- 1400 Oaklawn Ave
Narragansett- 91 Point Judith Rd

*The Preferred Network includes Rhode Island Hospital and its pediatric division, Hasbro Children's Hospital; The Miriam Hospital; Newport Hospital; Bradley Hospital; Lifespan Home Medical, Gateway Healthcare, Lifespan Urgent Care Centers; Women & Infants, Lifespan Physicians Group, Coastal Medical, and related service locations. Visit bcsri.com/lifespan for the complete list of Preferred Network hospitals, providers, and laboratories.

**A copay will apply if your lab specimen is sent out to any non- Preferred Network Laboratory for processing.

***Preventive colonoscopies: covered once every 5 years starting at age 45

****Physical and Occupational Therapy have a copay cap of \$320 not to be combined with Speech Therapy copay cap also of \$320. Copay is waived if ordered by a podiatrist or orthopedist for Physical and Occupational Therapy.